



Date filed _____
time stamp _____

APPLICATION TO SIGN CODE ADVISORY AND APPEALS BOARD

For information please email DSD_Signs@tucsonaz.gov

S- _____ Title _____ Date Accepted _____

District _____ Ward # _____

Fee _____ Receipt # _____ Accepted by _____

(DO NOT WRITE ABOVE THIS LINE)

PROPERTY INFORMATION

Address of premises: _____

Legal description (attach a separate sheet for long legals): _____

Pima County Tax Parcel ID #: _____

Zoning: _____ Lot area* in square feet or acres: _____

Linear feet of street frontage: _____ Linear feet of building/suite frontage: _____

Present use: _____

List all prior Sign Code Advisory and Appeals Board, Board of Adjustment, rezoning, or special exception cases for the subject premises.

DATE OF PRESUBMITTAL CONFERENCE WITH STAFF: _____

REQUEST (attach a separate sheet if necessary):

* - Lot area not required for individual suites in shopping centers.

MATERIALS REQUIRED WITH APPLICATION

- ☐ Completed SCAAB application
- ☐ Pima County Assessor's map with the all subject parcel(s) highlighted in yellow
- ☐ Pima County Assessor's printout for each of the subject parcel(s)
- ☐ Sign Code compliance review comments OR Sign Code Administrator's Letter
- ☐ Written responses to Sign Code Section 3-126.A -.F, Findings required in granting variances.
- ☐ Fifteen (15) copies of a site plan per Development Standard 2-02 folded to an 8 ½ x 11 inch format. †
- ☐ Fifteen (15) full color copies of appropriate sign and building elevations and site photographs as required. †
- ☐ **Digital Submittal (Optional):** One (1) CD or USB memory stick containing separate Adobe Portable Document Format (.pdf) files for each of the above documents. († - 11 copies with digital submittal)
- ☐ Appropriate fees payable to the City of Tucson

APPLICANT INFORMATION**Applicant or Agent**

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Property Owner

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Architect/Engineer/Other

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

SIGNATURES

I (We), the undersigned, request the Sign Code Advisory and Appeal Board approve the request described in this application and supporting materials. I (We) represent that the information in this application and the supporting materials are true and accurate to the best of my (our) knowledge.

Owner's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

Provide a written response to each of the following.

Sec. 3-126. Findings required in granting variances.

The Sign Code Advisory and Appeals Board may grant a variance only if it finds:

A. That, because there are special circumstances applicable to the property, strict enforcement of this Sign Code would deprive the property of privileges enjoyed by other property in the same district;

B. That the variance will not result in a special privilege to one individual property and the circumstances are such that the variance would be appropriate for any property owner facing similar circumstances;

C. That the requested variance will not materially and adversely affect the health and safety of persons residing or working in the neighborhood and will not be materially detrimental to the public welfare or injurious to property and improvements in the neighborhood;

D. That the need for a variance is not the result of special circumstances or conditions that were self-imposed or created by the owner or one in possession of the property;

E. That the variance, if granted, is the minimum variance that will afford relief and is the least modification possible of the Sign Code provisions in question; and

F. That because of physical circumstances or conditions, such as irregular shape, narrowness or shallowness of the lot, or exceptional topographic condition of the specific property, the property cannot reasonably be signed in conformity with the provisions of this Sign Code.

When completed, attach this form to your application to SCAAB.